

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4747

State File No.

FILED FEB 23 1943

Registration District No. 231

Primary Registration District No. 1003

Registrar's No. 1398

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution City Hospital #10  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Baby Schoenborn

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If \_\_\_\_\_

7. Birth date of deceased Feb 10 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 10 1 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Infant

12. Name Robert M. Schoenborn

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Schoenborn

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert M. Schoenborn

(b) Address 4702 a. Easton ave

17. (a) Burial (b) Date thereof 2-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Frederick M. Markham

(b) Address 4228 So. Kingshighway

19. (a) FEB 12 1943 (b) J. J. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town 4702 a. Easton ave  
(If outside city or town limits, write "RURAL.")  
(d) Street No. St. Louis  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 ch  
year 1943 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from Feb 10 1943 to Feb 11 1943  
that I last saw him alive on Feb 11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature newborn

Due to 11

Due to 11

Other conditions (Include pregnancy within 3 months of death) 1

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. J. Braddock Date signed 2/11/43

Address \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Viv Embalming, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Edmund D. McDermott

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.